PART B - FEE(S) TRANSMITTAL																	
7	. 6	od this form, together with applicable fee(s), to: Mail								Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000							
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	23643 BARNES & TH 11 SOUTH MER INDIANAPOLIS 2005 HNGUYEN2 00	NBUR RNBUR IAN V 46204	02/24/2 G		y change of ad	ldress)		i	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.								
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APPLICATION NO.				G DATE		-	FIRST NAMED INVEN						NEY DOCKET NO.		IATION NO.		
TITL	10/734,392 12/12/2003 Andrew W ITLE OF INVENTION: BED RAIL WITH CLAMPING FORCE INDICATOR									n		20	341-72626	9	754		
	APPLN, TYPE	$\top$	SMALL	ENTITY		IS:	SUE FE	Е	PUI	BLICATION F	EE	TOTA	L FEE(S) DUE	DAT	E DUE		
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¢	GROSZ, ALEXANDER					3673				005-426000							
1. Change of correspondence address or indication of "Fee Address" (37 CFK 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Wilmington, Delaware																	
Dlags	e check the appropri	nte ne	ssionee sate	aconi or c	ntagoria	s (will not	he pri	ntad on the m	ostant) :	☐ Individu	ı Mic	`ornoration	or other private a	roup entity [	Government		
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